## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.:

4172-82

Inventors:

David Bar-Or of 900 E. Oxford Lane, Englewood, Colorado 80110

Express Mail Label No.:

EL975237950US

"TREATMENT OF DISEASES AND CONDITIONS MEDIATED BY INCREASED

PHOSPHORYLATION"

**MS Patent Application Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

 $^{5}$  This application claims priority from U.S. Provisional Patent Application No. 60/429,924 filed November 27, 2002. The entire disclosure of the provisional application is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference. Enclosed for filing with the above-identified utility patent application, please find the following:

- Specification (Total Pages of Text, including Abstract and Claims: 84) 1.
- Drawing(s) (35 USC 113) (Total Sheets: 1) [X] FORMAL [] INFORMAL 2.
- 3. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - Computer Readable Copy
  - Paper Copy (identical to computer copy) b.
  - Attorney for applicants hereby asserts pursuant to 37 CFR § 1.821(f) that the content of the paper C. of computer readable copies of SEQ ID No:1 through SEQ ID No:4 submitted herewith are identical
- 4. Return Postcard (MPEP 503) (should be specifically itemized)

## **FEE CALCULATION:**

|   | (COL. 1)<br>NO. FILED |   |    | (COL. 2*) F<br>NO. EXTRA | SMALL ENTITY |          |    | LARGE ENTITY |          |
|---|-----------------------|---|----|--------------------------|--------------|----------|----|--------------|----------|
|   |                       |   |    |                          | RATE         | FEE      |    | RATE         | FEE      |
| BASIC FEE:  |                       |   |    |                          |              | \$385.00 | OR |              | \$770.00 |
| TOTAL CLAIMS:   |                       | - | 20 | -20                      | X \$9 =      |          | OR | X \$18 =     |          |
| INDEP. CLAIMS:  |                       | - | 3  | -3                       | X \$43 =     |          | OR | X \$86 =     |          |
| MULTIPLE DEPENDENT CLAIMS   |                       |   |    |                          | + \$145 =    | \$       | OR | +\$290 =     |          |
| *IF THE DIFFERENCE IN COL. 2 IS LESS THAN<br>ZERO, ENTER "O" IN COL. 2. |                       |   |    |                          | TOTAL:       |          |    |              |          |

## **OTHER INFORMATION:**

- 1. Applicant claims small entity status. See 37 CFR 1.27.
- 2. **NO FEE IS ENCLOSED**
- 3. The Commissioner is hereby authorized to charge all required fees for extensions of time under §1.17 to Deposit Account No. 19-1970.

4. Correspondence Address:

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Respectfully submitted,

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